

## 1. OUTPUT: LEA MATCH RECORD LAYOUT

The following table illustrates the LEA match record layout. The first 105 characters of each record is the data the LEA provided. A new field has been added to this record layout. Beneficiary Identification Card Number is the number to aid in claims billing. The match indicator field will have a value 'y' if a matching MEDS record was found and a value 'n' if no record was found. The record eligibility indicator will have a 'y' or 'n' value. The 'y' value indicates that the record has some eligibility for the LEA program. A 'n' value indicates that no eligibility for the LEA program was found.

FIELD	SIZE	POSITION
Social Security Number	9	1-9
Last Name	20	10-29
First Name	15	30-44
Middle Initial	1	45
Date of Birth (CCYYMMDD)	8	46-53
Sex	1	54
Provider Id	9	55-63
School Name	20	64-83
User data	22	84-105
Beneficiary Identification Card Number	14	106-119
Matched Meds ID	9	120-128
Filler	5	129-133
Match Indicator	1	134
Record Eligibility Indicator	1	135
Filler	1	136
Current Month Data	9	137-145
Eligibility Indicator	1	137
Share of Cost Amount	5	138-142
Cert Day	2	143-144
OHC Indicator	1	145
History Data - January	9	146-154
Eligibility Indicator	1	146

Share of Cost Amount	5	147-151
Cert Day	2	152-153
OHC Indicator	1	154
History Data - February	9	155-163
Eligibility Indicator	1	155
Share of Cost Amount	5	156-160
Cert Day	2	161-162
OHC Indicator	1	163
History Data - March	9	164-172
Eligibility Indicator	1	164
Share of Cost Amount	5	165-169
Cert Day	2	170-171
OHC Indicator	1	172
History Data - April	9	173-181
Eligibility Indicator	1	173
Share of Cost Amount	5	174-178
Cert Day	2	179-180
OHC Indicator	1	181
History Data - May	9	182-190
Eligibility Indicator	1	182
Share of Cost Amount	5	183-187
Cert Day	2	188-189
OHC Indicator	1	190
History Data - June	9	191-199
Eligibility Indicator	1	191
Share of Cost Amount	5	192-196
Cert Day	2	197-198
OHC Indicator	1	199
History Data - July	9	200-208
Eligibility Indicator	1	200

Share of Cost Amount	5	201-205
Cert Day	2	206-207
OHC Indicator	1	208
History Data - August	9	209-217
Eligibility Indicator	1	209
Share of Cost Amount	5	210-214
Cert Day	2	215-216
OHC Indicator	1	217
History Data - September	9	218-226
Eligibility Indicator	1	218
Share of Cost Amount	5	219-223
Cert Day	2	224-225
OHC Indicator	1	226
History Data - October	9	227-235
Eligibility Indicator	1	227
Share of Cost Amount	5	228-232
Cert Day	2	233-234
OHC Indicator	1	235
History Data - November	9	236-244
Eligibility Indicator	1	236
Share of Cost Amount	5	237-241
Cert Day	2	242-243
OHC Indicator	1	244
History Data - December	9	245-253
Eligibility Indicator	1	245
Share of Cost Amount	5	246-250
Cert Day	2	251-252
OHC Indicator	1	253
Meds Current Date CCYYMMDD	8	254-261
Filler	2	262-263

HIS Segment Count	2	264-265
Health Insurance System (HIS) 1	397	266-662
HIS Carrier Code	4	266-269
HIS Policy Number	5	270-299
HIS Scope of Coverage	16	300-315
HIS Policy Start Date (YYMMDD)	6	316-321
HIS Policy Stop Date (YYMMDD)	6	322-327
HIS PolicyHolder SSN	9	328-336
HIS PolicyHolder Name	26	337-362
Carrier Code	4	363-366
Filler	12	367-378
Carrier Name Line 1	30	379-408
Carrier Name Line 2	30	409-438
Carrier Address Line 1	30	439-468
Carrier Address Line 2	30	469-498
Carrier Address Line 3	30	499-528
Carrier Address City	23	529-551
Carrier Address State	2	552-553
Carrier Address Zip Code	5	554-558
Carrier Address Zip Code plus 4	4	559-562
Carrier Attention	30	563-592
Carrier Phone Number	10	593-602
Carrier Footnote 1	30	603-632
Carrier Footnote 2	30	633-662
Health Insurance System (HIS) 2	397	663-1059
HIS Carrier Code	4	663-666
HIS Policy Number	30	667-696
HIS Scope of Coverage	16	697-712
HIS Policy Start Date (YYMMDD)	6	713-718
HIS Policy Stop Date (YYMMDD)	6	719-724

HIS PolicyHolder SSN	9	725-733
HIS PolicyHolder Name	26	734-759
Carrier Code	4	760-763
Filler	12	764-775
Carrier Name Line 1	30	776-805
Carrier Name Line 2	30	806-835
Carrier Address Line 1	30	836-865
Carrier Address Line 2	30	866-895
Carrier Address Line 3	30	896-925
Carrier Address City	23	926-948
Carrier Address State	2	949-950
Carrier Address Zip Code	5	951-955
Carrier Address Zip Code plus 4	4	956-959
Carrier Attention	30	960-989
Carrier Phone Number	10	990-999
Carrier Footnote 1	30	1000-1029
Carrier Footnote 2	30	1030-1059
Health Insurance System (HIS) 3	397	1060-1456
HIS Carrier Code	4	1060-1063
HIS Policy Number	30	1064-1093
HIS Scope of Coverage	16	1094-1109
HIS Policy Start Date (YYMMDD)	6	1110-1115
HIS Policy Stop Date (YYMMDD)	6	1116-1121
HIS PolicyHolder SSN	9	1122-1130
HIS PolicyHolder Name	26	1131-1156
Carrier Code	4	1157-1160
Filler	12	1161-1172
Carrier Name Line 1	30	1173-1202
Carrier Name Line 2	30	1203-1232
Carrier Address Line 1	30	1233-1262

[illegible]